



University of North Alabama

INSTRUCTIONAL STAFF REPORT FORM

University policy allows for supplemental assignments for exempt and non-exempt employees within the University provided that such assignment does not interfere with the employee's primary job. The purpose of this form is to ensure that compensation is not provided more than once for the same effort or for the same time period. All employees must obtain approval before undertaking activities within UNA that provide supplemental compensation. Employees will not be paid for supplemental assignments unless an approved Instructional Staff Report Form is received in the Office of Human Resources.

NAME: _____ **REGULAR DEPARTMENT:** _____

ASSIGNMENT TYPE: _____ **ACADEMIC YEAR:** _____ **SEMESTER:** _____

OTHER (If other selected in Assignment Type, please enter here): _____

DEPARTMENT/COURSE TITLE	COURSE NUMBER & SECTION NUMBER	CLASS DAYS/TIMES (SELECT ALL THAT APPLY)	METHOD OF COORDINATION WITH REGULAR WORK HOURS (SELECT ALL THAT APPLY)
Department: _____ Course Title: _____	Course Number: _____ Section Number: _____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> Start Time: _____ End Time: _____ Online: _____	<input type="checkbox"/> Lunch Hour <input type="checkbox"/> Annual Leave* <input type="checkbox"/> After Hours <input type="checkbox"/> Online <input type="checkbox"/> Combination*

**If annual leave is selected, a printed copy of a submitted leave report from Self-Service Banner must be attached. If combination is selected, please detail the types of leave/hours making up the combination here.*

Department: _____ Course Title: _____	Course Number: _____ Section Number: _____	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> Start Time: _____ End Time: _____ Online: _____	<input type="checkbox"/> Lunch Hour <input type="checkbox"/> Annual Leave* <input type="checkbox"/> After Hours <input type="checkbox"/> Online <input type="checkbox"/> Combination*
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SIGNATURES:

1. _____

Employee
Date
2. _____

Department Chair (Academic Department where course(s) is/are being taught)
Date
3. _____

Immediate Supervisor
Date
4. _____

Dean (College where course(s) is/are being taught)
Date
5. _____

Respective Staff Vice President (if not immediate supervisor)
Date
6. _____

Assistant Vice President for Human Resources
Date